APPLICATION FOR GRADUATE COURSE CREDIT APPROVAL

Date of Application_____

Name of Teacher_____

Course Title and/or Description_____

_____

_____

_____

Course Number:_____

Number of Sessions_____   Length of Sessions_____

Inclusive Dates of Course_____

Sponsoring Institution and Address   _____

_____

_____

SEMESTER HOURS OF CREDIT APPROVED TOWARD ADVANCEMENT ON SALARY SCHEDULE _____.

Credit to be granted upon submission of transcript from sponsoring institution.

Approval Date_____

Approved By_____
Superintendent of Schools